Conference Management
Request for Meeting Support Form

IHS Clinical Support Center

The IHS Clinical Support Center may be able to assist you with coordinating and planning your next meeting, conference, or training. Before we can agree to assist, please provide as much details about your event. Send the completed form to the address below, or fax it to (602) 364-7788. A coordinator will contact you.

PLEASE PRINT LEGIBLY

Name of Organization: _____

Contact Person Name:_____

Business Address:_____

P.O. Box/Street:_____ City/State/Zip:_____

Phone number: _____ Fax:_____ Email Address: _____

We request support for the following:

□ Hotel Logistics □ Registration □ CE Sponsorship □ On-Site Support □ Travel Support

Our program is: □ IHS □ Tribal □ Urban ☐ Other: please specify: _____

PLEASE PROVIDE THE FOLLOWING DETAILS:

Attach draft agenda if available or a copy from previous years.

Preferred Date(s): First choice: _____
Second choice: _____
Third choice: _____

Preferred Location(s): City: _____ State: _____
City: _____ State: _____
City: _____ State: _____

Potential Meeting Sites, if any:_____

Estimated Number of Sleeping Rooms: _____ Expected Total Attendance:_____

Meeting Space (how many rooms) and room set-up:

General/Plenary Session:_____
- Classroom _____
- Theatre _____
- U-shape _____

Breakout Sessions:_____
- Classroom _____
- Theatre _____
- U-shape _____

Requirements:

□ Audiovisual Equipment Needs - □ Multimedia for powerpoint □ Flip Charts □ Overhead Projector □ Slide Project □ Screen □ Other:_____

□ Travel Request Order Preparation - approximate # of Federal travelers: _____ Non-federal travelers: _____

Signature of person making the request:_____ ***Date:***_____

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